KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT HEALTH OCCUPATIONS CREDENTIALING Unlicensed/Uncertified Program

Course Notification Form

Course Type: (check one):		
н Nutrition Assistant – number of hours in the	he course:	
HActivities Director - number of hours in the	e course:	
н Social Services Designee - number of hour	rs in the course:	
н Operator - number of hours in the course: _		
Print or type		
Sponsor Name:	ID#	
-Address:Street	City	Zip
_Sponsor Coordinator:		
_Sponsor Coordinator Phone Number:		
_Classroom:		
- Address:		
Street Course Begins/	City _Course Ends//_	Zip
Coordinator Signature	Date	
DEPART	MENT USE ONLY	
Course Approval Number		
Course Approved by:	Date:	